SHIP ТО:	** Redacted **	7 .	Please choose payment option: Check enclosed Visa MC	Pharmaceutical Law & Litigation Report
L			Name on card	SUBSCRIPTION NOTICE
		•	Card #:	National Litigation Burea
			Expiration Date:	PO Box 413006 Naples, FL 34101-3006
			Signature:	TEL: 1-800-874-9180 FAX: 1-800-508-2592
BILL TO:	** Re	edacted **	Date: De	eck when yment
E-mail a	ddress (required for e	-mail service):		Total Due: \$556.00
	• •	R PAYMENT Detach i	nere	REMITTANCE COPY
<u> - سرستين ي ن</u>	*	<u> </u>		
	DE #: PLL026 : E30873	DATE: Dec 6, 2004	CUSTOMER #: 918842252	TELEPHONE#:

QUANTITY "	PRODUCT/RATE	DESCRIPTION	EXTENSION	
12 issues	\$756.00	Pharmaceutical Law & Litigation Report	\$756.00	
1 PLL026	-\$200.00	Discount Code	-\$200.00	
SECOND	NOTICE	**URGENT ATTENTION REQUIRED** We're surprised we haven't received your payment for the order above. For fastest service: Call 1-800-874-9180 Today!		
्रक्तम लड नेपाकी प		***UPDATE*** We are pleased to announce that your Pharmaceutical Law & Litigation Report just got bigger. Each new issue now includes valuable, hard-to-find case law that will save you time and money.	•••	

^{*}This is not an invoice, if your office requires one, please call (800) 874-9180

TOTAL PAYMENT

\$556.00

National Litigation Bureau PO Box 413006 Naples, FL 34101-3006 TEL: 1-800-874-9180 FAX: 1-800-508-2592

♦ PLEASE PAY THIS AMOUNT ♦

CHANGE OF ADDRESS:
Please make address corrections on remittance copy.

E30873 918842252

BILL TO:

REDACTED

SUBSCRIPTION NOTICE

Orthopedic Coding Alert

The Coding Institute PO Box 17592

Baltimore, MD 21297-1592 TEL: 1-800-508-2582 FAX: 1-847-954-2609

Date: 04/03/2006

Account #: 000046388186 Discount Code #: ZUC46090

Your Order #: D46CV631

Total Due: \$277.00

DISC CODE #: ZUC4609 ACCOUNT #: 0000463		DATE: 04/03/2	006	ORDER #: D46CV631	TELEPHO	NE#:
QUANTITY	PRODU	JCT/RATE	Par Repair	DESCRIPTION	A WASHINGTON	EXTENSION
12 issues	\$42	7.00	Orth	opedic Coding Alex	t	\$427.00
and the second s	\$189	9.00	Onli	ne Archive - All	Issues	FREE:
	\$89	9.00	Onli	ne Discussion For	mı	FREE
				DISCOUNT		\$150.00
			Return	SENT ATTENTION REC the enclosed survey to ditional \$10 off the amou	receive	
This is not an invoice. It is		, -			L,PAYMENT	\$277.00

year. You are under no obligation to pay for the issues you have received.

♦ PLEASE PAY THIS AMOUNT ♦

- Over 300,000 satisfied customers since 1947.

RETURN THIS NOTICE WITH YOUR PAYMENT

An Eli Research, Inc. publication. REMITTANCE COPY

Orthopedic Coding Alert

CUSTOMER COPY: Retain for your records

∞D4	ռոոորաևե	1A.A.T.A.L	.0022200	. П

Date:

4/3/2006

Account #: 000046388186

Your Order #:

D46CV631

Total Due: \$277.00

☐ Address Change-Mark Below

Amount Remitted: \$_

BILL TO:

REDACTED

Please choose payment option Check enclosed O Visa	n: MG#UAMEX#@Disc
Name on card	
Card #:	
Expiration Date:	
Signature:	
Phone #:	
Email Address:	

RETURN TO:

New Hill Services PO Box 17592 Baltimore, MD 21297-1592 IAG 06-CP-54079 000007 BILL TO: -

REDACTED

SUBSCRIPTION NOTICE

Eli Healthcare PO Box 90324

Washington, DC 20090-0324

Outpatient Physical Therapy Coding Alert

TEL: 1-800-874-9180

FAX: 1-847-954-2609

Date: 04/03/2006

Account #: 000048535402

Your Order #: D461U351

Discount Code #: ZUC46084

Total Due: \$197.00

DISC CODE #: ZUC460 ACCOUNT #: 0000485		DATE: 04/03/2	006	ORDER #: D461U351	TELEPHO	DNE#:
QUANTITY	PRODL	JCT/RATE		DESCRIPTION		EXTENSION
12 issues	, i	7.00 900	Codi	atient Physical T ng Alert ne Archive - All		\$257.00 FREE
	\$89	9.00	Onli:	ne Discussion For	um	FREE
				DISCOUN	r	\$60.00
			Send	SENT ATTENTION REG payment today to avoid e interruption.	•	

year. You are under no obligation to pay for the issues you have received.

D4610351 000048535402 0019700 9

D461U351

\$197.00

Over 300,000 satisfied customers since 1947.

CUSTOMER COPY: Retain for your records An Eli Research, Inc. publication.

♦ PLEASE PAY THIS AMOUNT ♦

RETURN THIS NOTICE WITH YOUR PAYMENT

Detach Here

Account #: 000048535402

Total Due: \$197.00

Amount Remitted: \$

REMITTANCE COPY

Outpatient Physical Therapy Coding Alert

Please choose pay	yment op	tion:		
Check enclosed	□ Visa	O WC		O Disc
Name on card				
Card #:				
Expiration Date:				
Signature:				
Phone #:				
Email Address:			•	

BILL TO:

Date:

Your Order #:

REDACTED

4/3/2006

□ Address Change–Mark Below

RETURN TO:

New Hill Services PO Box 17592 Baltimore, MD 21297-1592 06-CP-54704 000007 SHIP TO:

BILL TO:

REDACTED

REDACTED

Please choose payment on: Check enclosed
O VSA O O O
Name on card
Card #:
Expiration Date:
Signature:

Part B Insider

RENEWAL NOTICE

Nat. Subscription Bureau P.O. Box 413006 Naples, FL 34101-3006 TEL: 1.200.874-0180

TEL: 1-800-874-9180 FAX: 1-800-508-2592

please write account number on check when making payment

- Account #: E38459

Discount Code#: IGCR15

Date: 11/22/04 Your Order #: 920106837

Total Due: \$379.00

RETURN THIS NOTICE WITH YOUR PAYMENT TODAY Detach h

REMITTANCE COPY

DISC CODE #: IGCR15 DATE: 11/22		DATE: 11/22/	ORDER #: 920106837		TELEPHO	TELEPHONE#:	
QUANTITY	PROD	JCT/RATE		DESCRIPTION	Contraction of the Contraction o	EXTENSION	
44 issues	\$479.	00	Part 1	B Insider	•	\$479.00	
			Disc	ount		- \$100.00	
1 сору	\$9	9.00	2005	CPT Update Guide		FREE	
			We're s	ENT ATTENTION REQU surprised we haven't recomment for the order about a surprised with a surprised and the surprised and	eived		
			service	interruption.	,		
· .							

Part B Insider

National Subscription Bureau P.O. Box 413006 Naples, FL 34101-3006 TEL: 1-800-874-9180

FAX: 1-800-508-2592

•

♦ PLEASE PAY THIS AMOUNT ♦

This is not an invoice — If you require an invoice, please call 1-800-874-9180 and we will provide one.

Over 150,000 satisfied customers since 1947.

An Eli Research, Inc. publication.

CHANGE OF ADDRESS:
Please make address corrections on remittance copy.

TOTAL PAYMENT PAST DUE \$379.00

Visit us at www.codinginstitute.com www.eliresearch.com

CUSTOMER COPY: Retain for your records

E089489-CF99201906887014